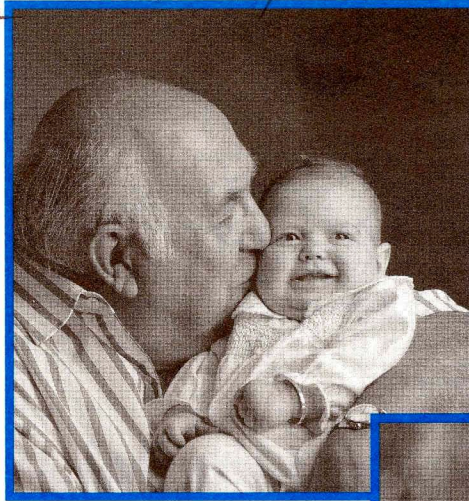


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What is Medicaid?

Medicaid is a health care benefit program for low-income and special needs Colorado residents. The state's Medicaid program is administered by the Colorado Department of Health Care Policy and Financing.

Am I Eligible?

If you and your family are Colorado residents and meet Federal and State income guidelines, you may be able to get Medicaid health care benefits.

You may be able to get Medicaid if:

- You receive money from a County Department of Social/Human Services for Temporary Assistance to Needy Families (TANF) or if you meet requirements for the 1931 Medicaid program.
- You are pregnant now or have children born after September 30, 1983, and have an income of \$1,513 or less per month for a family of three. This program is called Baby Care Kids Care. Call **303- 692-2229** (Denver metro area) or **1-800-688-7777** for all other counties.
- You adopted or have a foster child or children who were placed in your home by a County Department of Social/Human Services.
- You receive Supplemental Security Income (SSI) or Colorado Old Age Pension (OAP).
- You need home health care or nursing facility care because you are elderly, blind or disabled.
- You have Medicare or private insurance, and you meet income, resource and disability criteria.

How Can I Get Medicaid?

Go to your local County Department of Social/Human Services to apply for Medicaid. Look in the government pages of the phone book for telephone numbers and addresses for your local county office.

If you are over age 65, a person with a disability, or blind, you can apply for Medicaid and Supplemental Security Income at the local Social Security Administration Office. You may also visit an Options for Long Term Care/Single Entry Point Agency to apply for Medicaid. For a list of Options for Long Term Care/Single Entry Point Agency sites, please call your local County Department of Social/Human Services.



How to Choose a Health Plan Through HealthColorado

Most Medicaid clients will need to choose a health plan. To choose a Medicaid health plan, call **HealthColorado**. All health plans offer the same Medicaid services. Call **1-888-ENROLLS (1-888-367-6557)**.

Medicaid offers two types of health plans:

Health Maintenance Organizations (HMOs)

An HMO is a group of doctors, clinics, hospitals, pharmacies and other providers who work together to give health services to members. You must use the HMO's doctors, clinics, hospitals, pharmacies, home health and durable medical equipment and other providers. There are no co-payments for services or prescriptions in HMOs.

Primary Care Physician Program (PCPP)

In the PCPP, your doctor gives you routine care and refers you to other doctors and providers if necessary. There may be small co-payments for adults for office visits, prescriptions, and other health care services in the PCPP.

What You Need To Do?

As soon as you become eligible for Medicaid:

- Call **HealthColorado** for your managed care options.
- You must choose an HMO or the PCPP for each family member.
- You must choose a doctor for each family member. Your doctor, who is called a primary care physician (PCP), will give you basic health care and help you get other health services.

You can reach your HMO or PCP doctor by phone 24 hours a day, 7 days a week.

Do not use the emergency room for routine care, such as a sore throat. If you do, you may have to pay. Use the emergency room only when you think a delay in treatment might result in serious injury or death or when you or a family member is in severe pain. If you are not sure, call your doctor.



In Case of Emergency

If there is an actual emergency, such as a life or limb threatening illness or injury, call **911** or the ambulance in your county. If it is not life or limb threatening, call your doctor's office first. They will give you directions about what to do next. Remember: If your doctor can treat your illness or injury in the office, Medicaid may not pay emergency room costs and you will be responsible for paying the bill.

6 Month Guaranteed Eligibility

Guaranteed Eligibility (GE) is a program for people who are new to Medicaid. If you enroll in an HMO when you first get Medicaid, you may qualify for GE. If you lose Medicaid during the first 6 months you are in the HMO, Medicaid will continue to provide you health care through your HMO for six months. To receive this benefit, call **HealthColorado** as soon as you are eligible for Medicaid.

How Do I Receive Health Care?

You will get a Medicaid Authorization Card (MAC) each month. After you choose your health plan, your card will have the name of your Medicaid managed care provider printed on it. Show the card at each doctor's visit. If you need to see your doctor while waiting for your new card, take your old Medicaid card or Medicaid State I.D. number to your doctor's office.

If you receive specialist care without a referral from your primary care physician or HMO, you may be responsible for paying for your visit to the doctor.

If you have other health insurance in addition to Medicaid, be sure to show all your insurance cards at each doctor's visit.

Medicaid Authorization Card (MAC) Information

- Call your County Department of Social/Human Services immediately if your Medicaid Authorization Card (MAC) is lost or stolen, so that they can issue a new card.
- If you receive Medicaid and move, be sure to call your County Department of Social/Human Services. The U.S. Post Office will not forward your MAC.
- If you have a new baby, be sure to report the baby's birth to your technician. A new MAC will be issued for the baby.

Transitional Medicaid

You may be able to keep your Medicaid benefits for up to one year after you stop getting regular Medicaid. The Transitional Medicaid program allows eligible adults to keep their Medicaid benefits when they go to work. Ask your eligibility technician at the County Department of Social/Human Services about the Transitional Medicaid program.

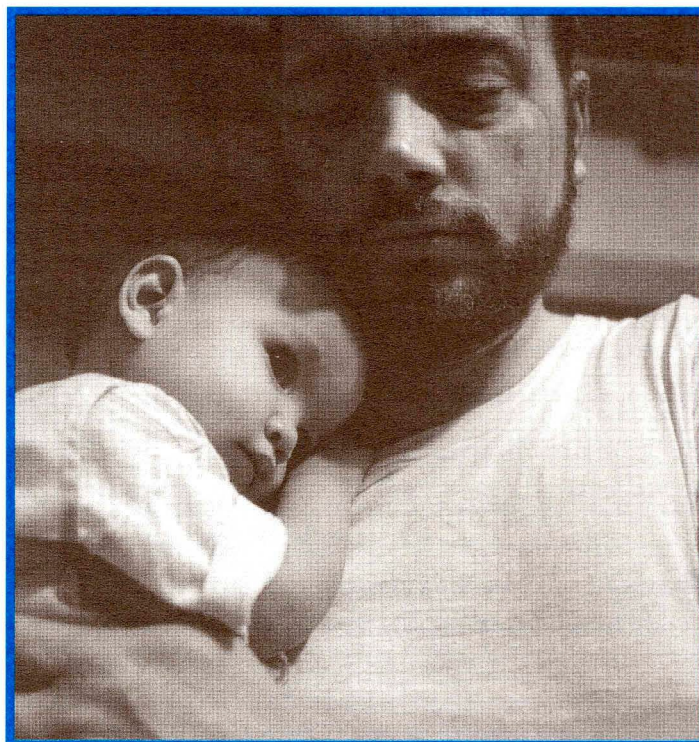


Early and Periodic Screening Diagnosis and Treatment

Early and Periodic Screening Diagnosis and Treatment is a special voluntary health care program within Medicaid for persons from birth to age 21. EPSDT is designed to detect and treat health problems early through:

- regular medical, dental, vision and hearing screening and to check for lead poisoning
- immunizations (shots)
- education

EPSDT services can be used at any time as long as the person is eligible for Medicaid and under 21 years of age. Health check-ups can be provided by your HMO and PCP, or they may refer the child to an EPSDT screening site or clinic. For further information about EPSDT or a listing of sites call **303-692-2229** (Denver Metro), **1-800-688-7777** outside of Denver Metro area, or your local Health Department.



Women, Infant and Children (WIC) Supplemental Food Program

WIC is a program available to pregnant or breast-feeding women, and children up to 5 years of age. Services Include:

- Nutritional education
- Supplemental free food
- Referrals to health and social service agencies as needed

For further information about WIC, or Family Planning call **303-692-2229** (Denver Metro area), or **1-800-688-7777** for outside the Denver Metro area, or your local Health Department.

Mental Health Services

Medicaid clients are automatically enrolled in a mental health program through the Mental Health Assessment and Service Agencies (MHASAs) in their county. MHASAs offer mental health services to Medicaid clients. The name of your MHASA will be printed on your Medicaid State I.D. Card. Clients who feel they cannot get the type of mental health services they need through MHASAs should contact the Division of Mental Health. For an exemption, please call the Division of Mental Health at **303-866-7400**. TDD **303-866-7471**

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs), also known as community health centers, can provide health care to you and your family at a low cost even if you or your family lose Medicaid eligibility. To find out if your community health center is part of an HMO, call **1-888-ENROLLS (1-888-367-6557)**, (TTY **1-888-876-8864**).

Paying the Bills

If you are enrolled in a Health Maintenance Organization (HMO), you will not have to pay for any approved Medicaid service you receive. Medicaid and the HMO will pay your doctor, hospital, pharmacist and other health care providers, if you use the HMO's group (network) of providers.

If you are enrolled in the Primary Care Physician Program (PCPP), adults over the age of 19 may have to pay a small co-payment when visiting their primary care physician, pharmacist or hospital. PCPP co-payments are listed below.

- Doctor visit \$2.00
- Inpatient hospital stay \$15.00
- Outpatient hospital services \$3.00
- Prescribed drugs 50 cents for generic or \$2.00 for brand names
- Long-term care in a nursing facility, alternative care facility or at home you may have to pay a portion of your income.

Help With Co-Pays

You may be co-pay exempt. Keep all receipts for co-payments you have paid. Once you have paid \$150 in co-payments in one year, you can apply for a “co-pay exempt” Medicaid Authorization Card through the Colorado Department of Health Care Policy and Financing. Show the temporary co-pay exempt card to your doctor, pharmacist, or hospital attendant so they will know you do not have to pay co-payments for the rest of the year. If you do not use your temporary co-pay exempt card and continue seeing your health care providers, Medicaid will not reimburse you for co-payments.

Complaints

If you have a problem with your HMO or with your doctor, call your HMO Member Services office, or call your Primary Care Physician Program (PCPP) doctor. Tell them about your problem or complaint. Often they can help you right away. Need more help? Call the Ombudsman for Managed Care at **303-744-7667** (Office/Voice Mail/TDD). Outside area code 303 call **1-877 HELP 1-2-3 (1-877-435-7123)**.

If you have a complaint about Colorado Medicaid and its policies, call the Colorado Department of Health Care Policy and Financing, Customer Service Information Line at **303-866-3513**, or **1-800-221-3943** or the Health Care Financing Administration of the U.S. Department of Health and Human Services at **303-844-3206**.

Disenrollment

- If you want to change doctors within your HMO, call your HMO.
- If you want to change your HMO or you want to disenroll from your HMO and make a different choice, call a **HealthColorado** counselor at **1-888-ENROLLS (1-888-367-6557)**.
- If you are in the Primary Care Physician Program (PCPP) and want to change doctors, call a **HealthColorado** counselor at **1-888-ENROLLS (1-888-367-6557)**.

Non-Discrimination

No person may be excluded from participation, denied benefits, or discriminated against when applying or receiving Medicaid benefits because of sex, race, color, national origin, citizenship, religion, or mental or physical impairment.

Important Phone Numbers

Customer Service Information Line

- Information on Medicaid services and benefits
- Problems with your local Department of Human/Social Services
- Concerns about your health care
- AT&T Language Line Interpretation
- Se Habla Espanol
 - Denver metro area **303-866-3513**
 - Toll Free **1-800-221-3943**
 - TTD/TTY **303-866-3305**

To Enroll or Change Health Plans

HMO & PCPP ENROLLMENT:
1-888-ENROLLS (1-888-367-6557)

DISENROLLMENT HOTLINE:
1-888-ENROLLS (1-888-367-6557)

TTY **1-888-876-8864**

Co-Pay Exemptions and Questions

Denver metro area . . **303- 866-3513 ext. 2385**

All other counties . . **1-800-221-3943 ext. 2385**

Family Health Line

- Baby Care Kids Care
- Early and Periodic Screening Diagnosis and Treatment (EPSDT)
- Women, Infant and Children (WIC)
 - Denver metro area **303-692-2229**
 - All other counties **1-800-688-7777**

Mental Health Services

- Questions
- Exemptions
 - Denver metro area: **303-866-7400**
 - TDD **303-866-7471**
- Ombudsman for Mental Health . . . **303-866-7400**
 - Toll Free **1-800 290-4530**

Warning

Giving false information to obtain Medicaid benefits is a crime. Federal and State Medical Fraud Units monitor the Medicaid program and prosecute illegal use by providers or clients. Do not let anyone use your Medicaid Authorization card if they are not listed on it.

**Department of Health Care Policy and Financing
1575 Sherman Street
Denver, Colorado 80203**